

# DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number: BPD-100US  
First Named Inventor: Hartmut E.A. Bruschke

## COMPLETE IF KNOWN

Application Number: To Be Assigned  
Filing Date: Herewith  
Art Unit: To Be Assigned  
Examiner Name: To Be Assigned

- ☒ Declaration Submitted With Initial Filing (37 CFR 1.63)      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)      ☐ Supplemental Declaration (37 CFR 1.67)

### I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR THE CONTINUOUS MANUFACTURE OF TUBULAR MEMBRANE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on 20 October 2003 PCT International Application Number PCT/EP2003/011586.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
10248750.2	Germany	10/18/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

# Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:

☒ **Practitioners at Customer Number 23122**
**OR**
☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☐ Correspondence Address Below:

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

**Name of Sole or First Inventor:**
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

**HARTMUT E.A.****BRUSCHKE**

Inventor's Signature

Date: \_\_\_\_\_

Residence: City: Nußloch

State:

Country: Germany

Citizenship: Germany

Mailing Address: Kurpfalzstraße 64

Mailing Address:

City: Nußloch

State:

Zip: 69226

Country: Germany

☒ Additional inventors are listed on the next page.

# Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

<b>Name of Second Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
<b>NICHOLAS PATRICK</b>		<b>WYNN</b>	
Inventor's Signature _____		Date: _____	
Residence: City: Sarregnemines	State:	Country: France	Citizenship: France
Mailing Address: Rue d'Or 3			
Mailing Address:			
City: Sarregnemines	State:	Zip: 57200	Country: France
<b>Name of Third Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
<b>FRANK-KLAUS</b>		<b>MARGGRAFF</b>	
Inventor's Signature _____		Date: _____	
Residence: City: Homburg	State:	Country: Germany	Citizenship: Germany
Mailing Address: Elulichstr. 10			
Mailing Address:			
City: Homburg	State:	Zip: 66424	Country: Germany
<b>Name of Fourth Inventor:</b>		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
<b>WOLFGANG</b>		<b>SCHAFER</b>	
Inventor's Signature _____		Date: _____	
Residence: City: Homburg	State:	Country: Germany	Citizenship: Germany
Mailing Address: Brühfeld 69			
Mailing Address:			
City: Homburg	State:	Zip: 66424	Country: Germany
<input type="checkbox"/> Additional inventors are listed on _____ Supplemental Sheet(s).			